

## **MR/DD Quality of Life Consumer Survey**

### **SUMMARY**

#### **PURPOSE:**

The Department of Behavioral and Developmental Services would like to hear from you. We really want to know what you think about the services provided to you. Your opinions will help us improve services and supports to people in the State of Maine. Individuals in other states are being asked similar questions so we will be able to see how Maine is doing compared to other states. We care very much about your privacy so your answers will remain private. We expect that it will take about 40 minutes and someone you know will help you. You do not have to take this survey --it is up to you. If you choose to take the survey, you can change your mind at any time and end the survey.

#### **PROCEDURES:**

- ❖ The way that we can find out about how you feel about services is to talk with you.
- ❖ Each person receiving case management services from the Department of Behavioral and Developmental Services will be asked to take part in this interview.
- ❖ During this interview, I will ask you questions about the services you receive and how you feel about those services.
- ❖ This will be your chance to say what you like and do not like about your services.
- ❖ If you get tired we can take a break.
- ❖ We do not have to finish the survey today.
- ❖ Someone who knows you well may be asked to answer questions in section II of the consumer survey.
- ❖ You can stop answering questions at any time.

#### **POSSIBLE RISKS**

- ❖ Some of the questions you will be asked in the interview will be personal.
- ❖ Information provided on the survey will be tracked by your name and Medicaid ID number and will be reviewed by the Department of Behavioral and Developmental Service's Office of Quality Improvement.
- ❖ The Office of Quality Improvement may want to look at your personal information in the Management Information System/Enterprise Information System to help us know you better. Your file is private and will not be reviewed by anyone who is not part of the Office of Quality Improvement.
- ❖ When we talk about the survey results with other people we will not use your name or Medicaid ID number.

- ❖ You should know that I am required by law to report any situation that is dangerous and where you or someone else might get hurt.

### **BENEFITS AND SIGNIFICANCE**

- ❖ You will help people understand which services help people in Maine and the rest of the nation with developmental disabilities.
- ❖ By answering the questions on the survey, you will be telling us how you feel about your services and what you need to make those services better.
- ❖ With your permission, information you give during the interview may be used in your Person Centered Planning process.
- ❖ Sometimes it can be fun to talk about your life.

### **INQUIRIES:**

If at any point you have questions about this survey, you may contact Karen Glew in BDS' Office of Quality Improvement at (207) 287-4210.

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### CONSENT TO PARTICIPATE

- ☐ I am aware that completing this survey is voluntary
- ☐ I have reviewed the MR/DD Quality of Life Informed Consent Form
- ☐ I have been informed of the reasons for this survey
- ☐ I understand that personal information may be reviewed
- ☐ I have been given the opportunity to ask questions
- ☐ It is acceptable to me if someone who knows me well is asked to answer questions in section II
- ☐ I understand that if I have question about the survey I may contact BDS' Office of Quality Improvement at 287-4210
- ☐ I understand that if I have questions about my rights I may contact the Office of Advocacy at 287-4228
- ☐ This Informed Consent to Participate in the Quality of Life Interview will remain in effect for one year from the date of signature
- ☐ All of my questions have been answered to my satisfaction
- ☐ I have read this consent form and will receive a copy

I have reviewed the informed consent with the guardian and/or person receiving supports from the Department of Behavioral and Developmental Services. Each box has been checked and initialed to document that the informed consent was reviewed and understood by the guardian and consumer.

Interviewer Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Interviewer Signature \_\_\_\_\_

Agency/Organization Name \_\_\_\_\_

Guardian ☐ consents ☐ does not consent to the Quality of Life Survey.

Individual/Consumer ☐ consents ☐ does not consent to the Quality of Life Survey

